CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For Single-Measure Committees (SMC)

1. DATE OF REPORT 2. July 28, 2023	NAME OF COMMITTEE Workplace Democracy & Justi			
2. SHORTNAME OF COMMITTEE (IFAPPLICABLE)				
3. ADDRESS AND PHONE Street or Rural Route Cit Na 3064 Buenaview Blvd 3. MEASURES SUPPORTED OR OPPOSED	y shville		o Code 218	Phone 615-364-0258
Amendment 1 - Opposed				
5.A. NAME OF POLITICAL TREASURER Loretta A Morris			5.B. DATE 10/8/2022	APPOINTED
Carrier University Section 1997	OC OT THE PARTY	PRE- GENERAL	X MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
October 30, 2022	July 28, 2023	DATE OF REPOR	TING PERIOD	
B. This committee is required to file a detailed \$1,000 and/or expenditures total more that tained in this statement is true and that the tures required to be reported by political call.	n \$1,000 for this reporting period following page(s) are a comple	l. I do solemnly sv te and accurate a	vear or affirm that the counting of all con	ne information con-
\$1,000 and/or expenditures total more than	n \$1,000 for this reporting period following page(s) are a comple ampaign committees by the Can	l. I do solemnly sv te and accurate a	vear or affirm that the counting of all con	ne information con-
\$1,000 and/or expenditures total more than tained in this statement is true and that the	n \$1,000 for this reporting period following page(s) are a comple ampaign committees by the Can	d. I do solemnly sv te and accurate a npaign Financial D	vear or affirm that the counting of all con	ne information contributions and expendi-
\$1,000 and/or expenditures total more than tained in this statement is true and that the tures required to be reported by political ca	an \$1,000 for this reporting period of following page(s) are a complete ampaign committees by the Can signature of po	d. I do solemnly sv te and accurate a npaign Financial D	vear or affirm that the counting of all con	ne information con- tributions and expendi-
\$1,000 and/or expenditures total more than tained in this statement is true and that the tures required to be reported by political ca	n \$1,000 for this reporting period following page(s) are a comple ampaign committees by the Can signature of po	d. I do solemnly sv te and accurate a npaign Financial D	vear or affirm that the counting of all con	the information contributions and expenditions are also as $\frac{7}{29}/23$
\$1,000 and/or expenditures lotal more than tained in this statement is true and that the tures required to be reported by political ca	signature of	d. I do solemnly sv te and accurate a npaign Financial D plitical treasurer	vear or affirm that to ecounting of all con Disclosure Act.	the information contributions and expenditions are also as $\frac{7}{29}/23$
\$1,000 and/or expenditures total more than tained in this statement is true and that the tures required to be reported by political calculations. WITNESS SIGNATURE SUMMARY	signature of	d. I do solemnly sv te and accurate a npaign Financial D olitical treasurer	vear or affirm that to counting of all condisclosure Act.	the information contributions and expenditions are $\frac{7}{29}/2023$
\$1,000 and/or expenditures total more than tained in this statement is true and that the tures required to be reported by political calculations. WITNESS SIGNATURE SUMMARY BALANCE ON HAND LAST REPORT	signature of	d. I do solemnly so te and accurate a npaign Financial D olitical treasurer	vear or affirm that the counting of all condisclosure Act.	the information contributions and expenditions are $\frac{7}{29}/2023$
\$1,000 and/or expenditures total more than tained in this statement is true and that the tures required to be reported by political calculations of the statement is true and that the tures required to be reported by political calculations of the statement is true and that the tures required to be reported by political calculations of the statement is true and that the tained in the statement is true and that the tained in this statement is true and that the tained in this statement is true and that the tained in this statement is true and that the tained in this statement is true and that the tained in this statement is true and that the tained in this statement is true and that the tained in this statement is true and that the tained in this statement is true and that the tained in this statement is true and that the tained in this statement is true and that the tained in this statement is true and that the tained in this statement is true and that the tained in this statement is true and that the tained is the tained in this statement is true and that the tained is the tained in this statement is true and that the tained is the tained in this statement is true and that the tained is the tained in this statement is true and the tained in the	signature of po	d. I do solemnly sv te and accurate a npaign Financial D olitical treasurer	vear or affirm that the counting of all condisclosure Act. 77.20 77.20	ne information contributions and expenditions are expenditions and expenditions and expenditions are expenditions.
\$1,000 and/or expenditures total more than tained in this statement is true and that the tures required to be reported by political calculations and the statement is true and that the tures required to be reported by political calculations. WITNESS SIGNATURE SUMMARY a BALANCE ON HAND LAST REPORT	signature of po	d. I do solemnly sv te and accurate a npaign Financial D olitical treasurer	vear or affirm that the counting of all condisclosure Act. 77.20 77.20	the information contributions and expenditions are expenditions and expenditions are expenditions and expenditions and expenditions are expenditions and expenditions and expenditions are expenditions are expenditions and expenditions are expenditions. The expenditions are expe
\$1,000 and/or expenditures total more than tained in this statement is true and that the tures required to be reported by political calculations of the statement is true and that the tures required to be reported by political calculations. WITNESS SIGNATURE SUMMARY a BALANCE ON HAND LAST REPORT	signature of positive of posit	d. I do solemnly svite and accurate an apaign Financial Distribution of witness TVO HAVE AND STATES TO ST	vear or affirm that the counting of all condisclosure Act. 77.20 77.20	T/29/2023 date 7/29/23 date

SUMMARY PAGE - SMC

11. NAME OF COMMITTEE (In Full)	12. REPORT COV	VERING THE PERIOD
Workplace Democracy & Justice	FROM:10/30/22	TO: 7/28/23
RECEIPTS 13. CONTRIBUTIONS (other than loans and interest)		
a. Uniternized Contributions (\$100 or less from each source this period)	\$0	
b. Itemized Contributions (over \$100 from each source this period)	\$	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)		\$ 0
14. LOANS RECEIVED THIS REPORTING PERIOD		\$
15. INTEREST RECEIVED THIS REPORTING PERIOD		\$
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)		\$ <u>0</u>
DISBURSEMENTS		
17. EXPENDITURES (other than loan payments)		
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by	category - e.g., printi	ng, postage,
pasoline)		
\$ 0		
\$		
\$		
Total of Expenditures (\$100 or less each payee)	\$ <u>0</u>	As Inches (1875)
Itemized Expenditures (Over \$100 each payee this period)		
TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)		
LOAN REPAYMENTS MADE THIS PERIOD		
TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)		
.IN-KIND CONTRIBUTIONS		
Unitemized in-kind contributions (\$100 or less from each source this period)		
Itemized in-kind contributions (over \$100 from each source this period)		
TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 2	(0.b.)	\$
LOANS		
LOANS OUTSTANDING (must be shown in item 10.e.)		\$
OBLIGATIONS		
Unitemized Obligations Outstanding (\$100 or less each)	\$	
Itemized Obligations Outstanding (Over \$100 each)		
Itemized Obligations Outstanding (Over \$100 each)	\$	

Page of 8

ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			FROM:	VERING THE PERIOD TO:
				Amount
3. TOTAL ITEMIZED CAMP	PAIGN CONTRIE	UTIONS FROM PRECEDING PAGE (ent	er \$0 if first itemized page)	
4. COMPLETETHEAPPROPR	IATEITEMSFORE	ACHITEMIZED CONTRIBUTION (contributions to	staling more than \$100 from any contrib	Amount of Contribution
irst Name	M.I.	Last Name/Organization Name		Amount of Conditionor
Address	H			
in' in the second second	Stale	Zip Code		
Decupation	- No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
mployer				
First Name	M.L.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		
мy	Olivie			
Occupation				
mployer				
				Amount of Contribution
irst Name	M.L.	Lest Name/Organization Name		7,11104111
ódress				
ity	State	Zip Code		
ccupation				
mplayer				
rst Name	M.I.	Last Name/Organization Name		Amount of Contribu
ddress				
ty	State	Zip Code		
ccupation		The state of the state of		
nployer				" 当我们的一个
rst Name	M.I.	Last Name/Organization Name		Amount of Contril
dress				
		17.04		
y	State	Ziρ Code		
cupation		**************************************		
ployer				
The second second	UZIONIO	in ingliteration by the		
TOTAL ITEMIZED CONTRIB		(1) (
(Carry forward to item 3, of r	next page if addition	al pages of this form are used.) unt must be shown in item 13b. of summary.)		
(If this is the last page of cor	ונווטטוטווס, נוווס מווננ		Page 3 of	8 F

TEMIZED	STATEMENT	OF EX	PENDITURES	- SMC
---------	-----------	-------	------------	-------

NAME OF COMMITTEE Workplace Democracy & Ju	ustice			REPORT COVERIN			
				10.00.2	Amount		
3. TOTAL ITEMIZED EXPENDIT				aduring the period, mus	st be itemized.)		
COMPLETE THE APPROPRIATI	ETTEMS FOR EACHTE	EWISED EXPENDIT	RE (any expenditures totaling more than \$100 to a sigle payer	during the period, the			
First Name	Middle N	lame	Purpose of Expenditure Loan to establish a bank account (money h	as been returned	Amount of Expenditure \$77.20		
Loretta Last Name/Business Name			back to the donor)	3 20011 (1010)	\$77.20		
Morris							
Address 3877 Gaine Drive							
City	State	Zip Code 37041					
Clarksville First Name	Middle !		Purpose of Expenditure		Amount of Expenditure		
ast Name/Business Name							
Address		11					
City	Stale	Zip Code					
irst Name	Middle	Name	Purpose of Expenditure		Amount of Expenditure		
(Durings Name							
ast Name/Business Name							
Address							
ity	State	Zip Code					
	Middle	Name	Purpose of Expenditure		Amount of Expenditure		
irst Name	1111,551,5	ANTONE					
ast Name/Business Name							
ddress							
ity	State	Zip Code			Amount of		
irst Name	Middle	Name	Purpose of Expenditure		Amount of Expenditure		
			The Market Hard				
st Name/Business Name							
ddress							
	State	Zip Code					
ty			Purpose of Expenditure		Amount of Expenditur		
st Name	Middle	Name	Purpose of Experience		Experiord		
anne a manne							
SI NAMEDUSINESS NAME							
aress							
	State	Zip Code		Alanki.			
y		a vie			\$77.20		
TOTAL ITEMIZED EXPENDI (Carry forward to item 3. of I	TURES	ć 11. i =	form are used.)				
	next page if addition	onal pages of this	nust be shown in item 17b. of summary.)				

	ITEMIZE	D STATEMENT OF	IN-KIND CONTRIBUTIONS - SMC	
1, NAME OF COMMITTEE		- Bayers	2. REPORT C	COVERING PERIOD
			FROM:	TO:
3. TOTAL ITEMIZED IN-KIN	ID CONTRIBUTIONS FROM	PRECEDING PAGE	enter \$0 if first itemized page)	Amount
4. COMPLETE THE APPROPR	RIATEITEMSFOREACHITEM	IZED IN-KIND CONTRI	BUTION (in-kind contributions totaling more than \$100)	from any contributor during the period)
First Name	Middle Nar		Description of In-Kind Contribution	Value of In-Kind Contribution
Last Name/Organization Na	me			Contribution
Address				
City	Stale	Zip Code		
Occupation				
Employer	и			
First Name	Middle Nar	ne	Description of In-Kind Contribution	Value of In-Kind Contribution
ast Name/Organization Nam	ne			Contribution
Address		***************************************		
any	State	Zip Code		
Secupation				
mployer				
irst Name	Middle Nar	ne	Description of In-Kind Contribution	Value of In-Kind Contribution
ast Name/Organization Nam	ne			
ooress		11 4 fel	to the second second	
nty	State	Zip Code	- commence	
ccupation				
nployer				
st Name	Middle Nar	me	Description of In-Kind Contribution	Value of In-Kind Contribution
st Name/Organization Nam	e			
oress			A STATE OF THE STA	
/	State	Zip Code	Tall grade	
	Otato	L. 17 5000	1 (a) (b) (b) (b)	

TOTAL ITEMIZED IN-KIND CONTRIBUTIONS

(Carry forward to item 3 of next page if additional pges of this form are used.)
(If this is the last page of in-kind contributions, this amount must be shown in item 20.b. of summary.)



Occupation

Employer

ITEMIZED STATEMENT OF LOANS - SMC

1. NAME OF COMMITTEE					2. REPORT COVE FROM:	TO:
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (End of Period)
First Name	Middle	Name				
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan			
First Name	Middle	Name		- 24		
Last Name/Business Name						
Address						
City	State	Zip Code	Date of Loan			
rst Name	Middle	Name				
ast Name/Business Name	<u> </u>					
Address						
City	State	Zip Code	Date of Loan			
rst Name	Middle	Name				
st Name/Business Name	L					
ddress	-					
ty	State	Zip Code	Date of Loan			
st Name	Middle	Name				
st Name/Business Name						
dress				2		
у	State	Zip Code	Date of Loan	n		
TOTALS						
tal from *Outstanding Balance - (End of Pown	eriod)" c	olumn must also be			6 4 8	Pna

ITCMIZED	STATEMENT	OF ORLIG	ATIONS	- SMC
THMIZELL	SIAIFMENI	CHE CHAIR	CHICHAI	- 01110

1. NAME OF COMMITTEE						TO:
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payment s This Period	Outstanding Balance (End of Period)
First Name	Middle	Name				
Last Name/Business Name		TO THE HOUSE		1		
Address						
City	State	Zip Code				
Description of Obligation	A					
First Name	Middle	Name			11-1-11	
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
-irst Name	Middle	Name				
ast Name/Business Name						
address:	111	No. of the last of				
City	State	Zip Code				
Description of Obligation						
escription of Obligation					100	
irst Name	Middle	Name				
ast Name/Business Name		4				
ddress					15-7	
ıty	State	Zip Code			2	
escription of Obligation		J	8			
rst Name	Middle	Name				
ist Name/Business Name						
dress						
у	State	Zip Code				
	3.0.0					
scription of Obligation						
TOTALS tal from *Outstanding Balance - (End	of Period)" column	n must also be				
own in item 22.b on summary page.)			1 197	2 6	

Page 7 of 8

In James 94 on cummony name)			
in item 21 on summary page.)			